

215040591  
62697

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

|  |                          |   |  |   |  |  |
|--|--------------------------|---|--|---|--|--|
| 2  | Total Number of Vehicles | Local No./ District 598   | Agency Case No. B5-092408  | HIT & RUN?<br><input type="radio"/> YES <input checked="" type="radio"/> NO | INVESTIGATION MADE AT SCENE?<br><input checked="" type="radio"/> YES <input type="radio"/> NO        | L 1  |
| A/1  | DATE OF ACCIDENT         | M M / D D / Y Y Y Y S M T W T H F S<br>10/04/2015   |  | TIME OF ACCIDENT<br>1345  | STATE USE ONLY   |  |
| A/2  | PLACE OF ACCIDENT        | COUNTY Lancaster  | CITY Lincoln   | POLICE NOTIFIED<br>1345   | 10/04/2015   |  |
| B  | 65                       | ROAD ON WHICH ACCIDENT OCCURRED<br>STREET/ HIGHWAY NO. South 27th Street, Sumner St - Arlington Ave |  |   | PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO                      | LATITUDE   |
| C  | 1                        | DISTANCE FROM MILEPOST  | FEET   | N S E W OF MILEPOST   | HIGHWAY NO.  | LONGITUDE  |
| D  | 1                        | IF AT INTERSECTION  |  | IF NOT AT INTERSECTION  |  |  |
|  |                          | NAME OF INTERSECTING ROADWAY  |  | <input checked="" type="radio"/> FEET <input type="radio"/> MILES           | N S E W  | OF NEAREST STREET, BRIDGE, RAILROAD CROSSING   |
|  |                          |   |  | 30.00   | X  | Arlington Ave  |
| V1/M   | 10                       | IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN                            |  |   |  |  |
| V2/M   | 01                       | MILES   | N S E W  | AND MILES   | N S E W  | OF NEAREST CITY OR TOWN  |
| E  | 2                        | R. WORK ZONE CODES  | R1 R2 R3 R4  | S. PEDESTRIAN CLASSIFICATION CODES  | S1 S2 S3 S4 S5-a S5-b S6-a S6-b  | DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?<br><input type="radio"/> YES <input checked="" type="radio"/> NO |
| VEHICLE NO. 1  |                          |   |  |   |  |  |
| F  | 1                        | DRIVER LICENSE NO.  | H13570944  |   | STATE (Of License)   | NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE  |
| V1/N   | 1                        | DRIVER  | MITCHELL D BRUNS   |   | PHONE  | 402-450-1300   |
| V2/N   | 1                        | DRIVER ADDRESS  | CITY, STATE, ZIP<br>6237 HUNTINGTON AVE, LINCOLN, NE 68507               |   | DATE OF BIRTH (MM / DD / YYYY)   | 09/04/1996   |
| G  | 4                        | OWNER   | ROBERT J BRUNS / RONDA L BRUNS   |   | PHONE  | 402-450-8612   |
| H  | 5                        | OWNER ADDRESS   | CITY, STATE, ZIP<br>6237 Huntington Ave, Lincoln, NE 68507               |   | CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO | CITATION NO. LB490214  |
| V1/O   | 2                        | LICENSE PLATE   | TE NO. RRH616  | YEAR (Plate Expires)  | 2016   | STATE (Of Plate) NE  |
| V2/O   | 2                        | VEHICLE   | 2002   | MAKE Chevrolet  | MODEL Silverado  | BODY STYLE Pickup truck  |
| V1/O   | 2                        | VEHICLE ID NO. (VIN)  | 2GCEK19T721257778  |   | COLOR black  | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500   |
| V2/O   | 2                        | TOWED TO  | TOWED BY   |   | INSURANCE COMPANY  | American Family Insurance  |
| I  | 1                        | VEHICLE NO. 2   |  |   |  |  |
| V1/P   | 1                        | DRIVER LICENSE NO.  | H13212611  |   | STATE (Of License)   | NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE  |
| V2/P   | 1                        | DRIVER  | SARA R PEREZ   |   | PHONE  | 402-450-4286   |
| V2/P   | 1                        | DRIVER ADDRESS  | CITY, STATE, ZIP<br>1150 North 14th Street, Room #710, Lincoln, NE 68588 |   | DATE OF BIRTH (MM / DD / YYYY)   | 10/15/1997   |
| J  | 01                       | OWNER   | JUAN C PEREZ-CARDIEL   |   | PHONE  | 308-746-1529   |
| V1/Q   | 4                        | OWNER ADDRESS   | CITY, STATE, ZIP<br>1308 N. Madison Street, Lexington, NE 68850          |   | CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO | CITATION NO.   |
| V2/Q   | 4                        | LICENSE PLATE   | PA NO. 18AK29  | YEAR (Plate Expires)  | 2015   | STATE (Of Plate) NE  |
| V2/Q   | 4                        | VEHICLE   | 2005   | MAKE Nissan   | MODEL Altima   | BODY STYLE 4 door Sedan  |
| V2/Q   | 4                        | VEHICLE ID NO. (VIN)  | 1N4AL11D15C151945  |   | COLOR gray   | ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500  |
| K  | 01                       | TOWED TO  | TOWED BY   |   | INSURANCE COMPANY  | Allied Property & Casualty   |
|  |                          |   |  | POLICY NO.  |  | 7273018770   |
| Complete this section for all injured persons<br>(Complete a continuation report, if more than three were injured) |                          |   |  |   |  |  |
| VEH. #   | NAME                     | ADDRESS   |  | DATE OF BIRTH (MM / DD / YYYY)  | 1 2 3 4 5  | SEX M F  |
|  | LOCAL NO.                | MEDICAL FACILITY NAME   |  | EMS SERVICE NAME  | Seat Position  | Eject  |
|  |                          |   |  |   | Body Region  | Injury Sev.  |
| VEH. #   | NAME                     | ADDRESS   |  |   |  |  |
|  | LOCAL NO.                | MEDICAL FACILITY NAME   |  | EMS SERVICE NAME  |  |  |
|  |                          |   |  |   |  |  |
| VEH. #   | NAME                     | ADDRESS   |  |   |  |  |
|  | LOCAL NO.                | MEDICAL FACILITY NAME   |  | EMS SERVICE NAME  |  |  |
|  |                          |   |  |   |  |  |

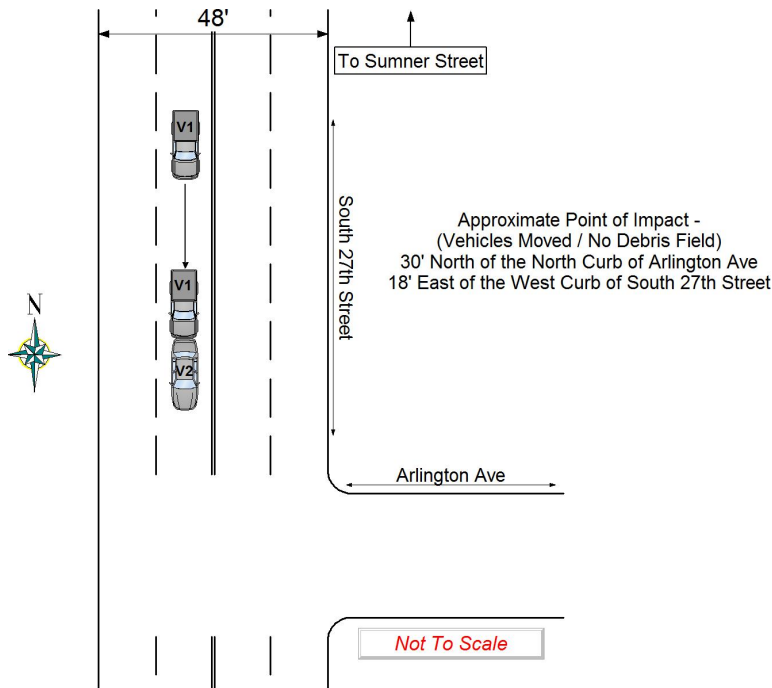
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-092408**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 indicated he was SB on South 27th Street in stop & go traffic. D1 indicated traffic started to move & he began to accelerate. D1 indicated he looked down at his radio & when he looked back ahead traffic had come to a stop again. D1 indicated he applied his brakes but could not avoid striking V2. D1 estimated his speed at 15mph before he hit his brakes. D2 indicated she was SB on South 27th Street when the vehicle in front of her came to a stop. D2 indicated she came to a stop in traffic & was then struck from behind by V1.

|                  |                |            |         |       |                              |
|------------------|----------------|------------|---------|-------|------------------------------|
| <b>PROPERTY</b>  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
|                  | OBJECT DAMAGED | OWNER NAME | ADDRESS | PHONE | APPROX. COST OF DAMAGE<br>\$ |
| <b>WITNESSES</b> | NAME           |            |         |       | PHONE                        |
|                  | NAME           |            |         |       | PHONE                        |

| VEHICLE MOVEMENT BEFORE COLLISION     |                  |                          |            | POINT OF IMPACT AND MOST DAMAGED AREA<br><i>(Enter numbers for each vehicle)</i>  |                      |  |    | AIRBAG DEPLOYED VEHICLE 1 |                  | RESTRAINT USE VEHICLE 1 |          | TOTAL OCCUPANTS  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
|---------------------------------------|------------------|--------------------------|------------|---|----------------------|--|----|---------------------------|------------------|-------------------------|----------|--|--|--|-----------------|-------------------------|--------------|--------------|---------------------------------------|---|---|---------------------------|----------------------|---|-------------------------|---|--|-----------------------------------|--|--|-----------|--|--|
| VEH NO.                               | N                | S                        | E          | W   | ROAD OR HIGHWAY NAME |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 1                                     |                  | X                        |            |   | South 27th Street    |  |    |                           | 4                |                         | 2        |  | <table border="1" style="width:100%; text-align:center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table> |  | ALCOHOL TESTING | Driver No. 1            | Driver No. 2 | Pedestrian   | Y                                     |   | Y | Y                         | ALCOHOL LEVEL TESTED | N | X                       | N |  |                                   |  |  |           |  |  |
| ALCOHOL TESTING                       | Driver No. 1     | Driver No. 2             | Pedestrian |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| Y                                     |                  | Y                        | Y          |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| ALCOHOL LEVEL TESTED                  | N                | X                        | N          |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 2                                     |                  | X                        |            |   | South 27th Street    |  |    |                           | 4                |                         | 2        |  | <table border="1" style="width:100%; text-align:center;"> <tr> <th>BAC LEVEL</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td></td> <td>1</td> <td>1</td> </tr> </table>  |  | BAC LEVEL       | Driver No. 1            | Driver No. 2 |              | 1                                     | 1 |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| BAC LEVEL                             | Driver No. 1     | Driver No. 2             |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
|                                       | 1                | 1                        |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 1                                     | 01               | 06 Turning left          |            |   | POINT OF IMPACT      |  | 01 | POINT OF IMPACT           |                  | 05                      |          | <table border="1" style="width:100%; text-align:center;"> <tr> <th>ALCOHOL/DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1 Neither alcohol nor drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>2 Yes - alcohol suspected</td> <td></td> <td></td> </tr> <tr> <td>3 Yes - drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>4 Yes - alcohol &amp; drugs suspected</td> <td></td> <td></td> </tr> <tr> <td>5 Unknown</td> <td></td> <td></td> </tr> </table> |  |  |                 | ALCOHOL/DRUGS SUSPECTED | Driver No. 1 | Driver No. 2 | 1 Neither alcohol nor drugs suspected |   |   | 2 Yes - alcohol suspected |                      |   | 3 Yes - drugs suspected |   |  | 4 Yes - alcohol & drugs suspected |  |  | 5 Unknown |  |  |
| ALCOHOL/DRUGS SUSPECTED               | Driver No. 1     | Driver No. 2             |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 1 Neither alcohol nor drugs suspected |                  |                          |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 2 Yes - alcohol suspected             |                  |                          |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 3 Yes - drugs suspected               |                  |                          |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 4 Yes - alcohol & drugs suspected     |                  |                          |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 5 Unknown                             |                  |                          |            |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 2                                     | 11               | 08 Entering traffic lane |            |   | MOST DAMAGED AREA    |  | 01 | MOST DAMAGED AREA         |                  | 05                      |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
|                                       |                  |                          |            | <table border="1" style="width:100%; text-align:center;"> <tr> <td>00 None</td> <td>02</td> <td>03</td> <td>04</td> </tr> <tr> <td>01</td> <td colspan="2" rowspan="2"> </td> <td>05</td> </tr> <tr> <td>08</td> <td>07</td> <td>06</td> </tr> </table> |                      |  |    | 00 None                   | 02               | 03                      | 04       | 01   |  |  | 05              | 08                      | 07           | 06           |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 00 None                               | 02               | 03                       | 04         |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 01                                    |                  |                          | 05         |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 08                                    |                  |                          | 07         | 06  |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
|                                       |                  |                          |            | <table border="1" style="width:100%; text-align:center;"> <tr> <td>09 Top &amp; windows</td> <td>10 Undercarriage</td> <td>11 Total (all areas)</td> <td>12 Other</td> </tr> </table>   |                      |  |    | 09 Top & windows          | 10 Undercarriage | 11 Total (all areas)    | 12 Other |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |
| 09 Top & windows                      | 10 Undercarriage | 11 Total (all areas)     | 12 Other   |   |                      |  |    |                           |                  |                         |          |  |  |  |                 |                         |              |              |                                       |   |   |                           |                      |   |                         |   |  |                                   |  |  |           |  |  |

|   |                             |   |  |
|---|-----------------------------|---|--|
| OFFICER NO.<br><b>763</b>                                       | TROOP/TEAM/BEAT<br><b>5</b> | DEPARTMENT<br><b>Lincoln Police Department</b>                    | Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| INVESTIGATOR NAME <i>(Print or Type)</i><br><b>Brian Hoefer</b> |                             | INVESTIGATOR SIGNATURE<br><b>Approved by Officer Brian Hoefer</b> | DATE OF REPORT<br><b>10/04/2015</b>  |